

A Look at Questions asked in Gross Anatomy Lab: An Analysis at Indiana University-Bloomington School of Medicine

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Medical education is shifting to a more integrated approach in schools across the country. At Indiana University School of Medicine-Bloomington, the Anatomy course has incorporated multiple approaches to integrate lab and lecture material. One way this integration occurs is by asking both identification and steeplechase questions on lab examinations. Steeplechase questions are where an identification question is asked about a tagged structure, and then it is followed up with a question about the embryological origin, innervation, function, or clinical significance of that structure. This study examines first year medical students' perception of integration within their Anatomy class. Surveys asking about the perceived difficulty of the identification and steeplechase questions were given to the students. It was primarily a quantitative survey, but the students had the chance to answer qualitative questions to expand on their answers to the quantitative questions. The surveys were given out after the first set of exams in fall, and again after their second to last set of exams in spring. Data taken from the survey were analyzed to find the most common responses to the questions. The fall surveys were compared to the spring surveys as well to see if there were any changes in responses among the students. Some of the challenges of integrating lab and lecture material that were indicated by the students included the instructors not talking about the significance of structures in lab, not having enough time to think through the answer during the exam, and knowing the structure tagged but not quite knowing the functions or clinical applications of the structure. Students also reported different ways they tried to integrate lab and lecture while studying. These responses included looking at the atlas or dissector while studying for lecture and drawing pictures of the structures while learning the lecture material.